

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. <i>09/1029, 003</i>	FILING DATE <i>11-05-01</i>
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
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23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			3			
TOTAL DEP.			96			
TOTAL CLAIMS			99			

*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1	
52				1	
53				15	
54				15	
55				15	
56				15	
57				15	
58				15	
59				1	
60				1	
61				1	
62				1	
63				1	
64				1	
65				1	
66					
67					
68					
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70					
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75					
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79					
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81					
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84					
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86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS ONLY

		SERIAL NO.		FILING DATE						
		<i>4,000,000</i>								
		APPLICANT(S)								
CLAIMS										
NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1							51			
2							52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18	1						68			
19	1						69			
20	1						70			
21	1						71			
22	1						72			
23	1						73			
24	1						74			
25	1						75			
26	1						76			
27	1						77			
28	1						78			
29	10						79			
30	10						80			
31	10						81			
32	1						82			
33	10						83			
34	10						84			
35	10						85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	2						TOTAL IND.			
TOTAL DEP.	20						TOTAL DEP.			
TOTAL CLAIMS	22						TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS